



Informed Consent for Massage Services

BENEFITS: In general, massage provides benefits of stress reduction, relief from muscular tension, spasm or pain, and increases circulation.

RISKS: The immediate physical risks include (but are not limited to) some bodily discomfort, muscular tenderness and reddening of the skin, as well other normal bodily responses associated with touch therapy. You may not participate if you have known heart problems unless you have a signed consent form from your health care provider on file. If you have a known, pre-existing spinal injury, you must disclose this information to the massage practitioner prior to signing this consent.

CONFIDENTIALITY AND RELEASE OF INFORMATION: All personal information/results obtained during my participation in massage are confidential and will not be released to any person without prior written consent. I hereby authorize Campus Recreation, the University of Northern Colorado and their respective agents to release information obtained during my participation in massage for the purpose(s) of programmatic and prescriptive needs or the provision of additional medical care, for aggregate data in research for prescriptive needs or the provision of additional medical care, as well as for aggregate data in research for presentations and scientific research. Such information also may be released to the insurance administrator/carrier to determine eligibility for medical benefits coverage. I release Campus Recreation and the University of Northern Colorado from any liability that might result from the release of this information.

I have read and fully understand the following statements:

- I understand that massage practitioners do not diagnose illness or disease, perform any spinal manipulations or prescribe any medical treatments. I am aware that therapeutic massage is not a substitute for medical examination or diagnosis, and it is recommended that I see a health care provider for those services. I accept that massage promises no long-term cures nor will it alleviate my health problems.
- I understand that this is not a sexual massage, nor will any sexual advances or comments be tolerated, either from the massage practitioner or the client. The massage session will immediately end, and the client will be expected to pay in full for the session.
- If cancellation is necessary, a 24-hour notice is common courtesy. If the proper notice is not given, the full payment for the session will be due.
- In the unlikely event of physical injury, immediate medical treatment will be obtained at the nearest health care facility. The costs of such treatment will be the financial responsibility of the participant.
- The general benefits of massage, and any cautions or contraindications have been explained to me. Due to certain contraindications and cautions for massage, the practitioner must be aware of existing physical and mental conditions. I have disclosed all such conditions.
- I accept that a single massage session or massage used on a random basis is limited to providing general non-specific benefits.
- If I choose to use massage on a regular basis. I will participate in a detailed history and assessment process in order to determine the most effective plan to achieve my goals. I realize it is my responsibility to update the therapist regarding any changes in my health status each time I receive a massage.
- Any questions that I have regarding my participation in massage have been answered to my satisfaction. I also understand that my participation is voluntary, and that I am free to terminate my participation at any time.

I, _____, hereby consent to participate in the massage offered through Campus Recreation. My participation is done having voluntarily and knowingly assumed all risks involved in the above stated service. In consideration of my voluntary participation, I hereby for myself, my heirs, executors and assigns, WAIVE AND RELEASE any and all claims for negligence, injuries, damages, or losses that I may incur while participating in the above stated service. In addition, I waive any and all rights or benefits under the State of Colorado's Worker's Compensation laws for any injury incurred as a result of my participation in the above stated program. A copy of this consent form will be given to me on request.

Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____
(if under 18 years of age)

Practitioner Signature: _____ Date: _____